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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Holona, MT 59620-2501

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	na, M1	Г 59620-25	01		School Bus	папърс	rtation		. –
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						May 10 t May 24 t	o Count	_	- ntenden	ıt
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:											
This clair	m is for the period beginning, 20 and ending, 20										
	month day month day										
CERTIFICATION:											
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.					
Date	Signature, Chair, Board of Trustees										
County:	District: District Level:										
03 Blain	ie	0028 Chinook Elem Elementary									
Percentage	District #						Bus Driver's ocial Security #				

54

66

54

12/29/04

12/29/04

12/29/04

TR-6 (1/05) Page 1

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

## **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0029 Chinook H S 03 Blaine **High School** Rate District Route Miles Days **Bus Driver's** Per Day Per Mile Capacity Operated Social Security # Percentage # Inspection 33 10 1 94.5 1.15 54 12/29/04 2 50 10 93.1 1.36 66 12/29/04 33 10 3 86.9 1.15 54 12/29/04

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

			,							
DUE DATES:		February 1 February 1	te Superint	endent		May 2	0 to County 4 to State Su	Semester Superintenden perintendent	nt	
COMPLI	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SC	CHOOL BUS TI	RANSPORT	ATION:	
This clain	n is for the	period beginning	J		,	20 and	ending		, 20	_•
			1	month	day			month	day	
CERTIFI	<b>ICATIO</b>	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District	:					District Level:	
03 Blain	e		0030	Harlem l	Elem		Elementary			
	District	Route		Miles	Rate			Da		Bus Driver's
Percentage	#	#		Per Day	Per Mile	Capacity	Inspection	Oper	ated S	Social Security #
70	12	12-2		23.2	1.57	72	12/30/04			
70	12	12-3		92	1.57	78	12/30/04			
70	12	12-4		24.6	1.57	78	12/30/04			
80	12	12-5		27.6	1.57	78	12/30/04			
73	12	12-8		93.8	1.80	84	12/30/04			
80	12	12-K		24.6	1.57	78	12/30/04			
100	12	12-K1		15.8	1.80	84	12/30/04			
100	12	12-K2		16.9	1.80	84	12/30/04			

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

			iia, iii	1 33020-23	<u> </u>						
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION:			
This clain	n is for the	period beginning	;		,	20 and e	nding	,	20		
			İ	month	day		m	onth da	y		
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County:			District	:				District Lev	evel:		
					High So	gh School					
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
30	12	12-2		23.2	1.57	72	12/30/04				
30	12	12-3		92	1.57	78	12/30/04				
30	12	12-4		24.6	1.57	78	12/30/04				
20	12	12-5		27.6	1.57	78	12/30/04				
27	12	12-8		93.8	1.80	84	12/30/04				
20	12	12-K		24.6	1.57	78	12/30/04				

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

105.6

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## School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Helena, MT 59620-2501							School Bus Transportation -					
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPLI	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	NT FOR SCH	IOOL BUS TRA	NSPORT	ATION:			
This clain	n is for the	period beginning	3		,	20 and er	nding		, 20			
			1	month	day		n	onth	day			
CERTIF	<b>ICATIO</b>	N:										
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.						
Date			Signatur	re, Chair, Board	d of Trustees							
County:			District:	:				1	District Level:			
03 Blain	e		0034	Zurich E	lem			]	Elementary	7		
Percentage	District #	rict Route Miles Rate					Inspection		Days Bus Driver's Operated Social Security #			

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12/27/04

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

			,		-							
DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR S	CHOO	L BUS TRA	NSPORTATION	I <b>:</b>		
This claim is for the period beginning								,				
CERTIFICATION:												
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kno	owledge.						
Date	Signature, Chair, Board of Trustees											
County:			District:						District L	evel:		
03 Blaine 0044 Turner Elem Elementary					ntary							
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	7	Inspection	Days Operated	Bus Driver's Social Security #		
75	43	1		76	0.95	42		12/20/04				
60	43	2		110	0.95	22		12/20/04				
81	43	3		76.6	1.15	59		12/20/04				
75	43	4		125.4	0.95	29		12/20/04				
52	43	5		142.8	0.95	19		12/20/04				

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE
DATES

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DUE DATES:		February 1 February 1	5 to Stat	aty Superin	endent		Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	OR STAT	TE REIME	URSEMEN	T FOR S	CHOOL	L BUS TRA	NSPORT	ATION:	
This clain	n is for the	period beginning	g		,	20 an	d ending _			, 20	0
			m	onth	day			n	nonth	day	7
CERTIF	<b>ICATIO</b>	N:									
The infor	mation on	this form is comp	olete and a	ccurate to the	e best of my kn	owledge.					
Date			Signature	e, Chair, Board	l of Trustees						
County:			District:							District Leve	el:
03 Blain	e		0045	Turner H	ł S					High Sc	hool
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacit	<b>y</b> 1	Inspection	Da Oper		Bus Driver's Social Security #
25	43	1		76	0.95	42		12/20/04			
40	43	2		110	0.95	22		12/20/04			
19	43	3		76.6	1.15	59		12/20/04			
25	43	4		125.4	0.95	29		12/20/04			
48	43	5		142.8	0.95	19		12/20/04			

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE
DATES

	— — Ticiciia, iii 1 33020-2301									
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:										
This claim is for the period beginning, 20 and en							nd ending , 20 .			
month day month day								y		
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date	Signature, Chair, Board of Trustees									
County: District:							District Level:			
03 Blaine				1213 Hays-Lodge Pole K-12 Sch			hls High School			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	50	1		65.2	0.95	42	12/29/04			
100	50	3		101.2	0.95	30	12/29/04			
100	50	4		80	0.95	30	12/29/04			
100	50	5		79.5	1.36	66	12/29/04			
100	50	6-A		24	0.95	42	12/29/04			
100	50	8		24	1.36	66	12/29/04			